

Utah Medicaid Provider Manual	Pharmacy: Universal (NCPDP) Form Instructions
Division of Health Care Financing	Updated October 1998

INSTRUCTIONS FOR PHARMACY UNIVERSAL (NCPDP) FORM

If the top copy of the universal claim form used by a pharmacy is lightweight or transparent, submit the card stock copy to Medicaid, not the transparent copy.

PATIENT INFORMATION

	Enter only one patient per claim.
Group No.	Enter the MI-706 Number, if any.
Cardholder ID No.	Enter the recipient's Medicaid identification number as found on the Medicaid Identification Card, Interim Verification Form 695, Form MI-706, or Baby Your Baby Card.
Cardholder Name	Enter client's last name (at least the first 5 characters). Spell the name as it appears on the Medicaid Identification Card, Interim Verification Form 695, Form MI-706, or Baby Your Baby Card.
Other Third Party Coverage	NOT REQUIRED
For Office Use Only	NOT APPLICABLE
Patient Last Name	See "Cardholder Name" above.
First & Initial	See "Cardholder Name" above.
Date of Birth	NOT REQUIRED
Sex	NOT REQUIRED
Relationship to Cardholder	NOT REQUIRED

PHARMACY INFORMATION

Name	Enter pharmacy name.
Street No.	Enter pharmacy street address.
City, State & Zip	Enter pharmacy city, state and zip code.
Pharm No.	Enter the twelve digit Medicaid provider number.
Phone	NOT REQUIRED
Date RX(S) Written	NOT REQUIRED
Date RX(S) Filled	Enter the dispensing date.
Authorized Pharmacy Representative	NOT REQUIRED

PRESCRIPTION INFORMATION:

	You may enter two claims for the patient. Use unshaded line for first RX. Use shaded line for second RX.
RX Number	Enter prescription number.
New / Refill	Enter "R" if prescription is a refill. Enter "N" if prescription is new.
Metric Quantity	Enter decimal metric quantity of number of tablets, capsules, cc's, etc. dispensed. Do not enter ML, GM, etc. Enter numeric quantity dispensed. For example, 120, 30, 1000, etc. Note: Birth control pills are dispensed as 21 or 28, and so forth, NOT as "1".
Days Supply	Enter number of days supplied.

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National Drug Code

Enter an eleven digit NDC number which includes the labeler number, the product number, and the package size. Instructions follow:

Labeler No.

First 5 digits of the NDC number: Enter the five digit manufacturer label number for the drug dispensed.

Product No.

Middle 4 digits of the NDC number: Enter the four digit product number for the drug dispensed.

Pkg.

Last 2 digits of the NDC number: Enter the two digit package size number for the drug dispensed.

Prescriber Ident.

Enter the 5-digit license number of the prescriber. If the name and license number of a prescribing physician, dentist, etc, does not appear in the license list, please enter the prescriber's last name.

DAW

Enter "1" when brand name is medically necessary. NOTE: Medical necessity is the only valid reason for an "override". The physician must certify in handwriting that a specific brand is medically necessary for a particular patient. The physician must write "Brand Name Necessary" on the prescription. Patient preference is not a valid reason for an "override".

PRESCRIPTION CHARGE:

Use unshaded column for first RX. Use shaded column for second RX.

Ingr. Cost

NOT REQUIRED

Disp. Fee

NOT REQUIRED

Tax

NOT APPLICABLE

Total Price

Enter your cost plus either the appropriate fee, or usual and customary charge for drug dispensed, whichever is less.

Ded. Amt.

Enter any applicable third party payment.

Bal.

Enter balance of charge due.